



**NEW YORK STATE ADULT DAY SERVICES ASSOCIATION, INC.**

# 2012 Dues Invoice

**Please make your check payable to:**  
New York State Adult Day Services Association (NYSADSA), Inc.  
**Mail your payment to:**  
AccountAbility, 431 Hawthorne Avenue,  
Yonkers, New York 10705-2819

Program Name: \_\_\_\_\_

Program Director: \_\_\_\_\_ Email: \_\_\_\_\_

Professional Degree:     MPH    MSW    RN    CTRS    M.Ed.    MA \_\_\_\_\_    BS \_\_\_\_\_    Other

Website Address: \_\_\_\_\_

Sponsoring Agency: \_\_\_\_\_

Executive Director: \_\_\_\_\_ Email: \_\_\_\_\_

Year Program Opened: \_\_\_\_\_ Number of Sites: \_\_\_\_\_ Annual Budget: \_\_\_\_\_

Total Number Registered: \_\_\_\_\_ Average Daily Census: \_\_\_\_\_

Total Number Employees: \_\_\_\_\_ Program Staff to Participant Ratio: \_\_\_\_\_

Please check all that apply and provide additional information to clarify:

Staffing Categories:     Recreation Therapists    Social Work    Gerontology    RN/LPN    PCA/HHA/CNA    General    Other

Model:                     ADS/Social    Health/Medical    Respite    Other \_\_\_\_\_

Target Populations:     AIDS    Blind    Frail Elderly    Alzheimer's/Dementia    Developmentally Disabled    Mentally Ill    Other

Funding:                 Private Pay    Sliding Scale    Gov't Subsidized Slots    Gov't Grant(s)    LTC Insurance  
 Foundation Subsidized Slots    Foundation Grant(s)    EISEP    CSE    Medicaid  
 Medicaid Managed LTC    Medicaid Waiver (LTHHCP, NHTD)    Other

Mailing Address: \_\_\_\_\_

Site Location Address 1: \_\_\_\_\_ Site Location Address 2: \_\_\_\_\_

Street: \_\_\_\_\_ Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

County: \_\_\_\_\_ County: \_\_\_\_\_

Phone#: \_\_\_\_\_ Phone#: \_\_\_\_\_

Fax#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

<b>LEVEL OF MEMBERSHIP AND YOUR BENEFITS:</b>	<b>2012 DUES</b>
<input type="checkbox"/> <b>SINGLE SITE ADULT DAY PROGRAM (\$275):</b> <i>NYSADSA Online Directory, Your Website Link, Reduced Rate for NYSADSA Products, Services &amp; Training.</i>	
<input type="checkbox"/> <b>MULTIPLE SITE ADULT DAY PROGRAM (\$500):</b> <i>Multiple listings in NYSADSA Online Directory, Your Website Link, Reduced Rate for NYSADSA Products, Services &amp; Training.</i>	
<input type="checkbox"/> <b>PROFESSIONAL ORGANIZATION – Non-Adult Day Program Organization (\$250):</b> <i>NYSADSA Online Directory, Your Website Link.</i>	
<input type="checkbox"/> <b>PROFESSIONAL INDIVIDUAL – For those working in Adult Day Services (\$100):</b> <i>Reduced rate for NYSADSA Products, Services &amp; Training.</i>	
<input type="checkbox"/> <b>SUPPORTER (\$75):</b> <i>NYSADSA Online Directory.</i>	
<input type="checkbox"/> <b>STUDENT/CAREGIVER – Current year identification required (\$50):</b> <i>Reduced rate for NYSADSA Products, Services &amp; Training.</i>	
<i>I acknowledge that 80% of this payment supports Advocates For Adult Day Services (AFADS). Thank you for becoming a NYSADSA Member today! We appreciate your support.</i>	<b>TOTAL AMOUNT ENCLOSED:</b>